

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$6,859,877	\$10,710,102	\$3,850,225	56%
2	Short Term Investments	\$198,805	\$0	(\$198,805)	-100%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$10,247,728	\$10,457,444	\$209,716	2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$922,589	\$307,266	(\$615,323)	-67%
5	Due From Affiliates	\$43,668	\$0	(\$43,668)	-100%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,043,790	\$1,944,478	(\$99,312)	-5%
8	Prepaid Expenses	\$1,486,255	\$1,415,038	(\$71,217)	-5%
9	Other Current Assets	\$1,074,544	\$0	(\$1,074,544)	-100%
	Total Current Assets	\$22,877,256	\$24,834,328	\$1,957,072	9%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
5	Interest in Net Assets of Foundation	\$9,274,171	\$10,110,186	\$836,015	9%
6	Long Term Investments	\$0	\$199,742	\$199,742	0%
7	Other Noncurrent Assets	\$4,015,159	\$1,095,567	(\$2,919,592)	-73%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$96,644,931	\$106,383,423	\$9,738,492	10%
2	Less: Accumulated Depreciation	\$65,927,031	\$71,638,392	\$5,711,361	9%
	Property, Plant and Equipment, Net	\$30,717,900	\$34,745,031	\$4,027,131	13%
3	Construction in Progress	\$2,034,805	\$0	(\$2,034,805)	-100%
	Total Net Fixed Assets	\$32,752,705	\$34,745,031	\$1,992,326	6%
	Total Assets	\$68,919,291	\$70,984,854	\$2,065,563	3%

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		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$4,628,308	\$4,235,702	(\$392,606)	-8%
2	Salaries, Wages and Payroll Taxes	\$1,230,303	\$2,329,129	\$1,098,826	89%
3	Due To Third Party Payers	\$3,618,869	\$4,184,788	\$565,919	16%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,256,042	\$509,773	(\$1,746,269)	-77%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$1,922,589	\$6,279,841	\$4,357,252	227%
	Total Current Liabilities	\$13,656,111	\$17,539,233	\$3,883,122	28%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$6,944,190	\$6,617,868	(\$326,322)	-5%
	Total Long Term Debt	\$6,944,190	\$6,617,868	(\$326,322)	-5%
3	Accrued Pension Liability	\$10,939,644	\$16,438,757	\$5,499,113	50%
4	Other Long Term Liabilities	\$2,674,742	\$0	(\$2,674,742)	-100%
	Total Long Term Liabilities	\$20,558,576	\$23,056,625	\$2,498,049	12%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$28,931,108	\$26,176,392	(\$2,754,716)	-10%
2	Temporarily Restricted Net Assets	\$1,822,932	\$525,763	(\$1,297,169)	-71%
3	Permanently Restricted Net Assets	\$3,950,564	\$3,686,841	(\$263,723)	-7%
	Total Net Assets	\$34,704,604	\$30,388,996	(\$4,315,608)	-12%
	Total Liabilities and Net Assets	\$68,919,291	\$70,984,854	\$2,065,563	3%

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$240,127,700	\$238,485,898	(\$1,641,802)	-1%
2	Less: Allowances	\$149,487,761	\$145,313,145	(\$4,174,616)	-3%
3	Less: Charity Care	\$2,594,793	\$2,584,646	(\$10,147)	0%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$88,045,146	\$90,588,107	\$2,542,961	3%
5	Other Operating Revenue	\$3,875,185	\$2,889,896	(\$985,289)	-25%
6	Net Assets Released from Restrictions	\$0	\$346,393	\$346,393	0%
	Total Operating Revenue	\$91,920,331	\$93,824,396	\$1,904,065	2%
B. Operating Expenses:					
1	Salaries and Wages	\$37,652,884	\$38,861,333	\$1,208,449	3%
2	Fringe Benefits	\$11,693,174	\$13,391,748	\$1,698,574	15%
3	Physicians Fees	\$1,312,983	\$1,914,545	\$601,562	46%
4	Supplies and Drugs	\$14,059,181	\$13,100,512	(\$958,669)	-7%
5	Depreciation and Amortization	\$5,437,648	\$5,689,580	\$251,932	5%
6	Bad Debts	\$3,065,190	\$2,545,989	(\$519,201)	-17%
7	Interest	\$538,204	\$482,517	(\$55,687)	-10%
8	Malpractice	\$1,526,053	\$1,856,393	\$330,340	22%
9	Other Operating Expenses	\$16,516,913	\$16,073,149	(\$443,764)	-3%
	Total Operating Expenses	\$91,802,230	\$93,915,766	\$2,113,536	2%
	Income/(Loss) From Operations	\$118,101	(\$91,370)	(\$209,471)	-177%
C. Non-Operating Revenue:					
1	Income from Investments	\$35,184	\$44,475	\$9,291	26%
2	Gifts, Contributions and Donations	\$0	\$25,675	\$25,675	0%
3	Other Non-Operating Gains/(Losses)	\$36,962	(\$72,722)	(\$109,684)	-297%
	Total Non-Operating Revenue	\$72,146	(\$2,572)	(\$74,718)	-104%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$190,247	(\$93,942)	(\$284,189)	-149%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$190,247	(\$93,942)	(\$284,189)	-149%
	Principal Payments	\$1,871,926	\$7,315,741	\$5,443,815	291%

**NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$36,103,221	\$35,530,582	(\$572,639)	-2%
2	MEDICARE MANAGED CARE	\$2,326,095	\$2,950,849	\$624,754	27%
3	MEDICAID	\$2,873,479	\$3,103,139	\$229,660	8%
4	MEDICAID MANAGED CARE	\$1,534,370	\$1,301,248	(\$233,122)	-15%
5	CHAMPUS/TRICARE	\$103,220	\$206,461	\$103,241	100%
6	COMMERCIAL INSURANCE	\$2,419,019	\$2,248,688	(\$170,331)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$22,043,791	\$18,734,058	(\$3,309,733)	-15%
8	WORKER'S COMPENSATION	\$953,718	\$2,093,758	\$1,140,040	120%
9	SELF- PAY/UNINSURED	\$947,053	\$817,818	(\$129,235)	-14%
10	SAGA	\$488,981	\$0	(\$488,981)	-100%
11	OTHER	\$472,650	\$495,349	\$22,699	5%
	TOTAL INPATIENT GROSS REVENUE	\$70,265,597	\$67,481,950	(\$2,783,647)	-4%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$64,832,570	\$59,432,584	(\$5,399,986)	-8%
2	MEDICARE MANAGED CARE	\$4,000,176	\$4,399,719	\$399,543	10%
3	MEDICAID	\$4,455,068	\$8,746,401	\$4,291,333	96%
4	MEDICAID MANAGED CARE	\$6,014,985	\$6,247,212	\$232,227	4%
5	CHAMPUS/TRICARE	\$300,717	\$276,437	(\$24,280)	-8%
6	COMMERCIAL INSURANCE	\$7,749,409	\$7,042,245	(\$707,164)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$76,178,979	\$78,941,999	\$2,763,020	4%
8	WORKER'S COMPENSATION	\$1,502,223	\$1,648,420	\$146,197	10%
9	SELF- PAY/UNINSURED	\$4,062,137	\$3,882,484	(\$179,653)	-4%
10	SAGA	\$494,608	\$0	(\$494,608)	-100%
11	OTHER	\$271,231	\$386,445	\$115,214	42%
	TOTAL OUTPATIENT GROSS REVENUE	\$169,862,103	\$171,003,946	\$1,141,843	1%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$100,935,791	\$94,963,166	(\$5,972,625)	-6%
2	MEDICARE MANAGED CARE	\$6,326,271	\$7,350,568	\$1,024,297	16%
3	MEDICAID	\$7,328,547	\$11,849,540	\$4,520,993	62%
4	MEDICAID MANAGED CARE	\$7,549,355	\$7,548,460	(\$895)	0%
5	CHAMPUS/TRICARE	\$403,937	\$482,898	\$78,961	20%
6	COMMERCIAL INSURANCE	\$10,168,428	\$9,290,933	(\$877,495)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$98,222,770	\$97,676,057	(\$546,713)	-1%
8	WORKER'S COMPENSATION	\$2,455,941	\$3,742,178	\$1,286,237	52%
9	SELF- PAY/UNINSURED	\$5,009,190	\$4,700,302	(\$308,888)	-6%
10	SAGA	\$983,589	\$0	(\$983,589)	-100%
11	OTHER	\$743,881	\$881,794	\$137,913	19%
	TOTAL GROSS REVENUE	\$240,127,700	\$238,485,896	(\$1,641,804)	-1%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$11,851,190	\$11,738,609	(\$112,581)	-1%
2	MEDICARE MANAGED CARE	\$716,987	\$877,435	\$160,448	22%
3	MEDICAID	\$586,539	\$975,520	\$388,981	66%
4	MEDICAID MANAGED CARE	\$631,163	\$461,166	(\$169,997)	-27%
5	CHAMPUS/TRICARE	\$23,033	\$41,553	\$18,520	80%
6	COMMERCIAL INSURANCE	\$951,353	\$799,192	(\$152,161)	-16%
7	NON-GOVERNMENT MANAGED CARE	\$8,937,596	\$7,877,740	(\$1,059,856)	-12%
8	WORKER'S COMPENSATION	\$635,779	\$1,278,532	\$642,753	101%
9	SELF- PAY/UNINSURED	\$51,906	\$73,029	\$21,123	41%
10	SAGA	\$99,812	\$0	(\$99,812)	-100%
11	OTHER	\$96,478	\$155,721	\$59,243	61%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$24,581,836	\$24,278,497	(\$303,339)	-1%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$12,195,254	\$12,283,190	\$87,936	1%
2	MEDICARE MANAGED CARE	\$1,076,821	\$1,044,028	(\$32,793)	-3%
3	MEDICAID	\$1,083,315	\$2,268,070	\$1,184,755	109%
4	MEDICAID MANAGED CARE	\$1,733,605	\$1,795,078	\$61,473	4%
5	CHAMPUS/TRICARE	\$74,027	\$70,301	(\$3,726)	-5%
6	COMMERCIAL INSURANCE	\$3,599,304	\$3,320,496	(\$278,808)	-8%
7	NON-GOVERNMENT MANAGED CARE	\$39,237,528	\$41,061,787	\$1,824,259	5%
8	WORKER'S COMPENSATION	\$989,399	\$1,140,236	\$150,837	15%
9	SELF- PAY/UNINSURED	\$222,636	\$346,693	\$124,057	56%
10	SAGA	\$120,271	\$0	(\$120,271)	-100%
11	OTHER	\$65,954	\$100,211	\$34,257	52%
	TOTAL OUTPATIENT NET REVENUE	\$60,398,114	\$63,430,090	\$3,031,976	5%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$24,046,444	\$24,021,799	(\$24,645)	0%
2	MEDICARE MANAGED CARE	\$1,793,808	\$1,921,463	\$127,655	7%
3	MEDICAID	\$1,669,854	\$3,243,590	\$1,573,736	94%
4	MEDICAID MANAGED CARE	\$2,364,768	\$2,256,244	(\$108,524)	-5%
5	CHAMPUS/TRICARE	\$97,060	\$111,854	\$14,794	15%
6	COMMERCIAL INSURANCE	\$4,550,657	\$4,119,688	(\$430,969)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$48,175,124	\$48,939,527	\$764,403	2%
8	WORKER'S COMPENSATION	\$1,625,178	\$2,418,768	\$793,590	49%
9	SELF- PAY/UNINSURED	\$274,542	\$419,722	\$145,180	53%
10	SAGA	\$220,083	\$0	(\$220,083)	-100%
11	OTHER	\$162,432	\$255,932	\$93,500	58%
	TOTAL NET REVENUE	\$84,979,950	\$87,708,587	\$2,728,637	3%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,098	1,116	18	2%
2	MEDICARE MANAGED CARE	69	83	14	20%
3	MEDICAID	101	100	(1)	-1%
4	MEDICAID MANAGED CARE	151	136	(15)	-10%
5	CHAMPUS/TRICARE	5	7	2	40%
6	COMMERCIAL INSURANCE	96	96	0	0%
7	NON-GOVERNMENT MANAGED CARE	894	877	(17)	-2%
8	WORKER'S COMPENSATION	16	40	24	150%
9	SELF- PAY/UNINSURED	51	55	4	8%
10	SAGA	11	0	(11)	-100%
11	OTHER	20	6	(14)	-70%
	TOTAL DISCHARGES	2,512	2,516	4	0%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	4,756	4,860	104	2%
2	MEDICARE MANAGED CARE	295	508	213	72%
3	MEDICAID	527	489	(38)	-7%
4	MEDICAID MANAGED CARE	422	347	(75)	-18%
5	CHAMPUS/TRICARE	15	31	16	107%
6	COMMERCIAL INSURANCE	294	309	15	5%
7	NON-GOVERNMENT MANAGED CARE	2,767	2,504	(263)	-10%
8	WORKER'S COMPENSATION	33	93	60	182%
9	SELF- PAY/UNINSURED	144	143	(1)	-1%
10	SAGA	59	0	(59)	-100%
11	OTHER	70	63	(7)	-10%
	TOTAL PATIENT DAYS	9,382	9,347	(35)	0%
C.	OUTPATIENT VISITS				

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	35,277	32,407	(2,870)	-8%
2	MEDICARE MANAGED CARE	2,849	3,241	392	14%
3	MEDICAID	2,472	4,177	1,705	69%
4	MEDICAID MANAGED CARE	5,582	5,632	50	1%
5	CHAMPUS/TRICARE	248	269	21	8%
6	COMMERCIAL INSURANCE	6,386	7,093	707	11%
7	NON-GOVERNMENT MANAGED CARE	48,031	46,382	(1,649)	-3%
8	WORKER'S COMPENSATION	713	837	124	17%
9	SELF- PAY/UNINSURED	5,386	5,826	440	8%
10	SAGA	986	0	(986)	-100%
11	OTHER	1,920	1,751	(169)	-9%
	TOTAL OUTPATIENT VISITS	109,850	107,615	(2,235)	-2%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$4,984,595	\$5,101,640	\$117,045	2%
2	MEDICARE MANAGED CARE	\$328,388	\$427,106	\$98,718	30%
3	MEDICAID	\$603,180	\$2,514,016	\$1,910,836	317%
4	MEDICAID MANAGED CARE	\$1,801,893	\$2,184,268	\$382,375	21%
5	CHAMPUS/TRICARE	\$75,985	\$99,168	\$23,183	31%
6	COMMERCIAL INSURANCE	\$1,242,823	\$1,365,373	\$122,550	10%
7	NON-GOVERNMENT MANAGED CARE	\$9,982,195	\$11,008,122	\$1,025,927	10%
8	WORKER'S COMPENSATION	\$477,768	\$611,857	\$134,089	28%
9	SELF- PAY/UNINSURED	\$1,673,133	\$1,655,664	(\$17,469)	-1%
10	SAGA	\$443,886	\$0	(\$443,886)	-100%
11	OTHER	\$199,903	\$336,519	\$136,616	68%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$21,813,749	\$25,303,733	\$3,489,984	16%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$1,280,058	\$1,181,561	(\$98,497)	-8%
2	MEDICARE MANAGED CARE	\$100,401	\$115,141	\$14,740	15%
3	MEDICAID	\$169,433	\$384,216	\$214,783	127%
4	MEDICAID MANAGED CARE	\$632,346	\$655,470	\$23,124	4%
5	CHAMPUS/TRICARE	\$22,112	\$27,224	\$5,112	23%
6	COMMERCIAL INSURANCE	\$692,427	\$723,225	\$30,798	4%
7	NON-GOVERNMENT MANAGED CARE	\$5,018,851	\$5,280,235	\$261,384	5%
8	WORKER'S COMPENSATION	\$319,206	\$392,280	\$73,074	23%
9	SELF- PAY/UNINSURED	\$113,201	\$97,560	(\$15,641)	-14%
10	SAGA	\$86,509	\$0	(\$86,509)	-100%
11	OTHER	\$34,839	\$49,504	\$14,665	42%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$8,469,383	\$8,906,416	\$437,033	5%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	3,247	2,902	(345)	-11%
2	MEDICARE MANAGED CARE	186	240	54	29%
3	MEDICAID	544	1,147	603	111%
4	MEDICAID MANAGED CARE	1,887	2,035	148	8%
5	CHAMPUS/TRICARE	59	82	23	39%
6	COMMERCIAL INSURANCE	902	867	(35)	-4%
7	NON-GOVERNMENT MANAGED CARE	7,636	7,452	(184)	-2%
8	WORKER'S COMPENSATION	470	536	66	14%
9	SELF- PAY/UNINSURED	1,415	1,238	(177)	-13%
10	SAGA	434	0	(434)	-100%
11	OTHER	192	239	47	24%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	16,972	16,738	(234)	-1%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$12,548,614	\$12,450,131	(\$98,483)	-1%
2	Physician Salaries	\$5,959,747	\$5,155,740	(\$804,007)	-13%
3	Non-Nursing, Non-Physician Salaries	\$19,144,523	\$21,255,462	\$2,110,939	11%
	Total Salaries & Wages	\$37,652,884	\$38,861,333	\$1,208,449	3%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$3,896,996	\$4,295,295	\$398,299	10%
2	Physician Fringe Benefits	\$1,850,811	\$1,778,730	(\$72,081)	-4%
3	Non-Nursing, Non-Physician Fringe Benefits	\$5,945,367	\$7,317,723	\$1,372,356	23%
	Total Fringe Benefits	\$11,693,174	\$13,391,748	\$1,698,574	15%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$1,312,983	\$1,914,545	\$601,562	46%
3	Non-Nursing, Non-Physician Fees	\$44,732	\$68,511	\$23,779	53%
	Total Contractual Labor Fees	\$1,357,715	\$1,983,056	\$625,341	46%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$7,841,984	\$7,049,561	(\$792,423)	-10%
2	Pharmaceutical Costs	\$6,217,197	\$6,050,951	(\$166,246)	-3%
	Total Medical Supplies and Pharmaceutical Cost	\$14,059,181	\$13,100,512	(\$958,669)	-7%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$2,468,715	\$2,091,797	(\$376,918)	-15%
2	Depreciation-Equipment	\$2,918,517	\$3,275,722	\$357,205	12%
3	Amortization	\$50,416	\$322,061	\$271,645	539%
	Total Depreciation and Amortization	\$5,437,648	\$5,689,580	\$251,932	5%
F. Bad Debts:					
1	Bad Debts	\$3,065,190	\$2,545,989	(\$519,201)	-17%
G. Interest Expense:					
1	Interest Expense	\$538,204	\$482,517	(\$55,687)	-10%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,526,053	\$1,856,393	\$330,340	22%
I. Utilities:					
1	Water	\$135,849	\$147,605	\$11,756	9%
2	Natural Gas	\$237,787	\$207,603	(\$30,184)	-13%
3	Oil	\$32,450	\$53,539	\$21,089	65%
4	Electricity	\$897,909	\$905,071	\$7,162	1%
5	Telephone	\$135,849	\$249,556	\$113,707	84%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$1,439,844	\$1,563,374	\$123,530	9%
J. Business Expenses:					
1	Accounting Fees	\$66,158	\$154,863	\$88,705	134%
2	Legal Fees	\$513,313	\$377,051	(\$136,262)	-27%
3	Consulting Fees	\$1,316,499	\$670,829	(\$645,670)	-49%
4	Dues and Membership	\$261,895	\$226,334	(\$35,561)	-14%
5	Equipment Leases	\$385,223	\$351,276	(\$33,947)	-9%
6	Building Leases	\$379,009	\$223,841	(\$155,168)	-41%
7	Repairs and Maintenance	\$1,254,121	\$1,212,216	(\$41,905)	-3%
8	Insurance	\$185,224	\$97,158	(\$88,066)	-48%

**NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1) LINE	(2) DESCRIPTION	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Travel	\$129,310	\$170,955	\$41,645	32%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$56,253	\$53,866	(\$2,387)	-4%
12	General Supplies	\$1,380,488	\$1,301,926	(\$78,562)	-6%
13	Licenses and Subscriptions	\$73,976	\$80,372	\$6,396	9%
14	Postage and Shipping	\$112,137	\$103,291	(\$8,846)	-8%
15	Advertising	\$412,904	\$136,431	(\$276,473)	-67%
16	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$6,526,510	\$5,160,409	(\$1,366,101)	-21%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$8,505,827	\$9,280,855	\$775,028	9%
	Total Operating Expenses - All Expense Categories*	\$91,802,230	\$93,915,766	\$2,113,536	2%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$22,863,420	\$25,041,202	\$2,177,782	10%
2	General Accounting	\$401,612	\$513,171	\$111,559	28%
3	Patient Billing & Collection	\$1,466,880	\$1,491,898	\$25,018	2%
4	Admitting / Registration Office	\$619,827	\$626,302	\$6,475	1%
5	Data Processing	\$1,713,045	\$1,863,236	\$150,191	9%
6	Communications	\$264,779	\$263,016	(\$1,763)	-1%
7	Personnel	\$497,573	\$602,216	\$104,643	21%
8	Public Relations	\$1,339,446	\$562,082	(\$777,364)	-58%
9	Purchasing	\$5,180,993	\$4,301,104	(\$879,889)	-17%
10	Dietary and Cafeteria	\$1,314,147	\$1,444,760	\$130,613	10%
11	Housekeeping	\$944,086	\$980,089	\$36,003	4%
12	Laundry & Linen	\$281,173	\$249,284	(\$31,889)	-11%
13	Operation of Plant	\$1,265,503	\$1,296,776	\$31,273	2%
14	Security	\$442,588	\$394,029	(\$48,559)	-11%
15	Repairs and Maintenance	\$1,834,484	\$1,859,324	\$24,840	1%
16	Central Sterile Supply	\$463,460	\$452,348	(\$11,112)	-2%
17	Pharmacy Department	\$7,414,946	\$7,132,290	(\$282,656)	-4%
18	Other General Services	\$4,164,828	\$2,370,519	(\$1,794,309)	-43%
	Total General Services	\$52,472,790	\$51,443,646	(\$1,029,144)	-2%
B.	Professional Services:				
1	Medical Care Administration	\$1,331,226	\$1,111,553	(\$219,673)	-17%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$461,948	\$430,453	(\$31,495)	-7%
4	Medical Records	\$919,933	\$887,803	(\$32,130)	-3%
5	Social Service	\$168,293	\$143,265	(\$25,028)	-15%
6	Other Professional Services	\$413,758	\$3,243,608	\$2,829,850	684%
	Total Professional Services	\$3,295,158	\$5,816,682	\$2,521,524	77%
C.	Special Services:				
1	Operating Room	\$2,718,227	\$2,568,715	(\$149,512)	-6%
2	Recovery Room	\$502,622	\$505,501	\$2,879	1%
3	Anesthesiology	\$129,688	\$120,633	(\$9,055)	-7%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$1,735,979	\$1,809,279	\$73,300	4%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$1,650,227	\$1,520,340	(\$129,887)	-8%

**NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$519,870	\$568,560	\$48,690	9%
9	CT Scan	\$631,400	\$519,526	(\$111,874)	-18%
10	Laboratory	\$4,342,365	\$4,556,146	\$213,781	5%
11	Blood Storing/Processing	\$466,604	\$427,495	(\$39,109)	-8%
12	Cardiology	\$234,280	\$203,129	(\$31,151)	-13%
13	Electrocardiology	\$465,915	\$473,815	\$7,900	2%
14	Electroencephalography	\$0	\$0	\$0	0%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$183,936	\$195,035	\$11,099	6%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$612,352	\$638,787	\$26,435	4%
19	Pulmonary Function	\$0	\$225,500	\$225,500	0%
20	Intravenous Therapy	\$276,390	\$294,289	\$17,899	6%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$572,426	\$896,663	\$324,237	57%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$3,731,363	\$3,983,537	\$252,174	7%
25	MRI	\$1,042,667	\$1,570,302	\$527,635	51%
26	PET Scan	\$253,220	\$192,521	(\$60,699)	-24%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$932,275	\$909,965	(\$22,310)	-2%
29	Sleep Center	\$479,022	\$363,992	(\$115,030)	-24%
30	Lithotripsy	\$79,200	\$99,025	\$19,825	25%
31	Cardiac Catheterization/Rehabilitation	\$657	\$38	(\$619)	-94%
32	Occupational Therapy / Physical Therapy	\$241,577	\$256,912	\$15,335	6%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,126,378	\$2,143,507	\$17,129	1%
	Total Special Services	\$23,928,640	\$25,043,212	\$1,114,572	5%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$3,291,166	\$3,587,628	\$296,462	9%
2	Intensive Care Unit	\$1,528,046	\$1,605,318	\$77,272	5%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$268,584	\$0	(\$268,584)	-100%
6	Maternity Unit	\$1,479,102	\$1,569,551	\$90,449	6%
7	Newborn Nursery Unit	\$28,178	\$27,935	(\$243)	-1%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$670,157	\$715,096	\$44,939	7%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$1,039,587	\$760,561	(\$279,026)	-27%
13	Other Routine Services	\$3,658,439	\$3,127,326	(\$531,113)	-15%
	Total Routine Services	\$11,963,259	\$11,393,415	(\$569,844)	-5%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$142,383	\$218,811	\$76,428	54%
	Total Operating Expenses - All Departments*	\$91,802,230	\$93,915,766	\$2,113,536	2%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$89,326,362	\$ 88,045,146	\$90,588,107
2	Other Operating Revenue	3,899,680	3,875,185	3,236,289
3	Total Operating Revenue	\$93,226,042	\$91,920,331	\$93,824,396
4	Total Operating Expenses	98,752,754	91,802,230	93,915,766
5	Income/(Loss) From Operations	(\$5,526,712)	\$118,101	(\$91,370)
6	Total Non-Operating Revenue	361,642	72,146	(2,572)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$5,165,070)	\$190,247	(\$93,942)
B. Profitability Summary				
1	Hospital Operating Margin	-5.91%	0.13%	-0.10%
2	Hospital Non Operating Margin	0.39%	0.08%	0.00%
3	Hospital Total Margin	-5.52%	0.21%	-0.10%
4	Income/(Loss) From Operations	(\$5,526,712)	\$118,101	(\$91,370)
5	Total Operating Revenue	\$93,226,042	\$91,920,331	\$93,824,396
6	Total Non-Operating Revenue	\$361,642	\$72,146	(\$2,572)
7	Total Revenue	\$93,587,684	\$91,992,477	\$93,821,824
8	Excess/(Deficiency) of Revenue Over Expenses	(\$5,165,070)	\$190,247	(\$93,942)
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$13,080,008	\$28,931,108	\$26,176,392
2	Hospital Total Net Assets	\$23,768,402	\$34,704,604	\$30,388,996
3	Hospital Change in Total Net Assets	(\$19,796,479)	\$10,936,202	(\$4,315,608)
4	Hospital Change in Total Net Assets %	54.6%	46.0%	-12.4%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.42	0.38	0.39
2	Total Operating Expenses	\$98,752,754	\$91,802,230	\$93,915,766
3	Total Gross Revenue	\$230,831,708	\$240,127,700	\$238,485,896
4	Total Other Operating Revenue	\$3,580,001	\$3,523,807	\$3,223,427
5	Private Payment to Cost Ratio	1.19	1.30	1.29
6	Total Non-Government Payments	\$55,861,758	\$54,625,501	\$55,897,705

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
7	Total Uninsured Payments	\$250,631	\$274,542	\$419,722
8	Total Non-Government Charges	\$115,199,029	\$115,856,329	\$115,409,470
9	Total Uninsured Charges	\$4,602,265	\$5,009,190	\$4,700,302
10	<u>Medicare Payment to Cost Ratio</u>	0.61	0.64	0.65
11	Total Medicare Payments	\$27,030,405	\$25,840,252	\$25,943,262
12	Total Medicare Charges	\$104,405,137	\$107,262,062	\$102,313,734
13	<u>Medicaid Payment to Cost Ratio</u>	0.69	0.72	0.73
14	Total Medicaid Payments	\$2,744,639	\$4,034,622	\$5,499,834
15	Total Medicaid Charges	\$9,431,209	\$14,877,902	\$19,398,000
16	<u>Uncompensated Care Cost</u>	\$2,402,227	\$1,987,111	\$1,663,212
17	Charity Care	\$1,620,381	\$2,208,785	\$1,734,591
18	Bad Debts	\$4,081,840	\$3,065,190	\$2,545,989
19	Total Uncompensated Care	\$5,702,221	\$5,273,975	\$4,280,580
20	<u>Uncompensated Care % of Total Expenses</u>	2.4%	2.2%	1.8%
21	Total Operating Expenses	\$98,752,754	\$91,802,230	\$93,915,766
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.28	1.68	1.42
2	Total Current Assets	\$20,129,719	\$22,877,256	\$24,834,328
3	Total Current Liabilities	\$15,690,204	\$13,656,111	\$17,539,233
4	<u>Days Cash on Hand</u>	11	30	44
5	Cash and Cash Equivalents	\$2,513,911	\$6,859,877	\$10,710,102
6	Short Term Investments	195,420	198,805	0
7	Total Cash and Short Term Investments	\$2,709,331	\$7,058,682	\$10,710,102
8	Total Operating Expenses	\$98,752,754	\$91,802,230	\$93,915,766
9	Depreciation Expense	\$4,946,076	\$5,437,648	\$5,689,580
10	Operating Expenses less Depreciation Expense	\$93,806,678	\$86,364,582	\$88,226,186
11	<u>Days Revenue in Patient Accounts Receivable</u>	34.68	27.48	25.27

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
12	Net Patient Accounts Receivable	\$ 10,792,628	\$ 10,247,728	\$ 10,457,444
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,305,128	\$3,618,869	\$4,184,788
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 8,487,500	\$ 6,628,859	\$ 6,272,656
16	Total Net Patient Revenue	\$89,326,362	\$ 88,045,146	\$ 90,588,107
17	<u>Average Payment Period</u>	61.05	57.71	72.56
18	Total Current Liabilities	\$15,690,204	\$13,656,111	\$17,539,233
19	Total Operating Expenses	\$98,752,754	\$91,802,230	\$93,915,766
20	Depreciation Expense	\$4,946,076	\$5,437,648	\$5,689,580
21	Total Operating Expenses less Depreciation Expense	\$93,806,678	\$86,364,582	\$88,226,186
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	34.1	50.4	42.8
2	Total Net Assets	\$23,768,402	\$34,704,604	\$30,388,996
3	Total Assets	\$69,713,229	\$68,919,291	\$70,984,854
4	<u>Cash Flow to Total Debt Ratio</u>	(0.9)	27.3	23.2
5	Excess/(Deficiency) of Revenues Over Expenses	(\$5,165,070)	\$190,247	(\$93,942)
6	Depreciation Expense	\$4,946,076	\$5,437,648	\$5,689,580
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$218,994)	\$5,627,895	\$5,595,638
8	Total Current Liabilities	\$15,690,204	\$13,656,111	\$17,539,233
9	Total Long Term Debt	\$7,543,997	\$6,944,190	\$6,617,868
10	Total Current Liabilities and Total Long Term Debt	\$23,234,201	\$20,600,301	\$24,157,101
11	<u>Long Term Debt to Capitalization Ratio</u>	24.1	16.7	17.9
12	Total Long Term Debt	\$7,543,997	\$6,944,190	\$6,617,868
13	Total Net Assets	\$23,768,402	\$34,704,604	\$30,388,996
14	Total Long Term Debt and Total Net Assets	\$31,312,399	\$41,648,794	\$37,006,864
15	<u>Debt Service Coverage Ratio</u>	0.2	2.6	0.8
16	Excess Revenues over Expenses	(\$5,165,070)	\$190,247	(\$93,942)
17	Interest Expense	\$675,584	\$538,204	\$482,517
18	Depreciation and Amortization Expense	\$4,946,076	\$5,437,648	\$5,689,580

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
19	Principal Payments	\$1,412,730	\$1,871,926	\$7,315,741
G. Other Financial Ratios				
20	Average Age of Plant	12.2	12.1	12.6
21	Accumulated Depreciation	\$60,489,384	\$65,927,031	\$71,638,392
22	Depreciation and Amortization Expense	\$4,946,076	\$5,437,648	\$5,689,580
H. Utilization Measures Summary				
1	Patient Days	9,874	9,382	9,347
2	Discharges	2,774	2,512	2,516
3	ALOS	3.6	3.7	3.7
4	Staffed Beds	32	30	29
5	Available Beds	-	95	95
6	Licensed Beds	95	95	95
6	Occupancy of Staffed Beds	84.5%	85.7%	88.3%
7	Occupancy of Available Beds	28.5%	27.1%	27.0%
8	Full Time Equivalent Employees	488.8	475.5	461.6
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	47.9%	46.2%	46.4%
2	Medicare Gross Revenue Payer Mix Percentage	45.2%	44.7%	42.9%
3	Medicaid Gross Revenue Payer Mix Percentage	4.1%	6.2%	8.1%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.7%	0.7%	0.4%
5	Uninsured Gross Revenue Payer Mix Percentage	2.0%	2.1%	2.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$110,596,764	\$110,847,139	\$110,709,168
9	Medicare Gross Revenue (Charges)	\$104,405,137	\$107,262,062	\$102,313,734
10	Medicaid Gross Revenue (Charges)	\$9,431,209	\$14,877,902	\$19,398,000
11	Other Medical Assistance Gross Revenue (Charges)	\$1,518,123	\$1,727,470	\$881,794
12	Uninsured Gross Revenue (Charges)	\$4,602,265	\$5,009,190	\$4,700,302
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$278,210	\$403,937	\$482,898
14	Total Gross Revenue (Charges)	\$230,831,708	\$240,127,700	\$238,485,896
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	64.6%	64.0%	63.3%

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
2	Medicare Net Revenue Payer Mix Percentage	31.4%	30.4%	29.6%
3	Medicaid Net Revenue Payer Mix Percentage	3.2%	4.7%	6.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.5%	0.5%	0.3%
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.3%	0.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$55,611,127	\$54,350,959	\$55,477,983
9	Medicare Net Revenue (Payments)	\$27,030,405	\$25,840,252	\$25,943,262
10	Medicaid Net Revenue (Payments)	\$2,744,639	\$4,034,622	\$5,499,834
11	Other Medical Assistance Net Revenue (Payments)	\$391,157	\$382,515	\$255,932
12	Uninsured Net Revenue (Payments)	\$250,631	\$274,542	\$419,722
13	CHAMPUS / TRICARE Net Revenue Payments)	\$78,229	\$97,060	\$111,854
14	Total Net Revenue (Payments)	\$86,106,188	\$84,979,950	\$87,708,587
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	1,285	1,057	1,068
2	Medicare	1,248	1,167	1,199
3	Medical Assistance	235	283	242
4	Medicaid	208	252	236
5	Other Medical Assistance	27	31	6
6	CHAMPUS / TRICARE	6	5	7
7	Uninsured (Included In Non-Government)	60	51	55
8	Total	2,774	2,512	2,516
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.138300	1.161000	1.129000
2	Medicare	1.563400	1.534800	1.373900
3	Medical Assistance	0.781677	0.906998	0.879166
4	Medicaid	0.753000	0.820900	0.864900
5	Other Medical Assistance	1.002600	1.606900	1.440300
6	CHAMPUS / TRICARE	0.628300	0.874000	1.158600
7	Uninsured (Included In Non-Government)	1.088400	1.026900	0.008770
8	Total Case Mix Index	1.298234	1.305469	1.221759
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	1,957	1,901	2,042
2	Emergency Room - Treated and Discharged	17,189	16,972	16,738
3	Total Emergency Room Visits	19,146	18,873	18,780

**NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$68,216	\$209,501	\$141,285	207%
2	Inpatient Payments	\$21,027	\$62,295	\$41,268	196%
3	Outpatient Charges	\$119,130	\$237,464	\$118,334	99%
4	Outpatient Payments	\$32,069	\$56,349	\$24,280	76%
5	Discharges	2	6	4	200%
6	Patient Days	4	27	23	575%
7	Outpatient Visits (Excludes ED Visits)	47	71	24	51%
8	Emergency Department Outpatient Visits	13	16	3	23%
9	Emergency Department Inpatient Admissions	1	6	5	500%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$187,346	\$446,965	\$259,619	139%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$53,096	\$118,644	\$65,548	123%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$144	\$0	(\$144)	-100%
4	Outpatient Payments	\$39	\$0	(\$39)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	0	(1)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$144	\$0	(\$144)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$39	\$0	(\$39)	-100%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$485,259	\$448,467	(\$36,792)	-8%
2	Inpatient Payments	\$149,573	\$133,352	(\$16,221)	-11%
3	Outpatient Charges	\$1,128,905	\$701,885	(\$427,020)	-38%
4	Outpatient Payments	\$303,894	\$166,553	(\$137,341)	-45%
5	Discharges	12	11	(1)	-8%
6	Patient Days	59	52	(7)	-12%
7	Outpatient Visits (Excludes ED Visits)	474	476	2	0%
8	Emergency Department Outpatient Visits	42	42	0	0%
9	Emergency Department Inpatient Admissions	8	7	(1)	-13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,614,164	\$1,150,352	(\$463,812)	-29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$453,467	\$299,905	(\$153,562)	-34%

**NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$873,436	\$38,197	(\$835,239)	-96%
2	Inpatient Payments	\$269,225	\$11,358	(\$257,867)	-96%
3	Outpatient Charges	\$1,546,298	\$622,844	(\$923,454)	-60%
4	Outpatient Payments	\$416,253	\$147,797	(\$268,456)	-64%
5	Discharges	28	3	(25)	-89%
6	Patient Days	106	9	(97)	-92%
7	Outpatient Visits (Excludes ED Visits)	881	242	(639)	-73%
8	Emergency Department Outpatient Visits	35	19	(16)	-46%
9	Emergency Department Inpatient Admissions	20	3	(17)	-85%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,419,734	\$661,041	(\$1,758,693)	-73%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$685,478	\$159,155	(\$526,323)	-77%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$421,124	\$250,854	(\$170,270)	-40%
2	Inpatient Payments	\$129,806	\$74,591	(\$55,215)	-43%
3	Outpatient Charges	\$837,363	\$105,404	(\$731,959)	-87%
4	Outpatient Payments	\$225,413	\$25,012	(\$200,401)	-89%
5	Discharges	14	1	(13)	-93%
6	Patient Days	55	95	40	73%
7	Outpatient Visits (Excludes ED Visits)	498	39	(459)	-92%
8	Emergency Department Outpatient Visits	67	19	(48)	-72%
9	Emergency Department Inpatient Admissions	13	1	(12)	-92%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,258,487	\$356,258	(\$902,229)	-72%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$355,219	\$99,603	(\$255,616)	-72%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$56,610	\$56,610	0%
2	Inpatient Payments	\$0	\$16,833	\$16,833	0%
3	Outpatient Charges	\$14,790	\$55,021	\$40,231	272%
4	Outpatient Payments	\$3,981	\$13,056	\$9,075	228%
5	Discharges	0	3	3	0%
6	Patient Days	0	12	12	0%
7	Outpatient Visits (Excludes ED Visits)	8	46	38	475%
8	Emergency Department Outpatient Visits	2	5	3	150%
9	Emergency Department Inpatient Admissions	0	3	3	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$14,790	\$111,631	\$96,841	655%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,981	\$29,889	\$25,908	651%

**NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$478,060	\$1,760,343	\$1,282,283	268%
2	Inpatient Payments	\$147,356	\$523,438	\$376,082	255%
3	Outpatient Charges	\$351,858	\$2,177,388	\$1,825,530	519%
4	Outpatient Payments	\$94,718	\$516,682	\$421,964	445%
5	Discharges	13	50	37	285%
6	Patient Days	71	284	213	300%
7	Outpatient Visits (Excludes ED Visits)	754	1,808	1,054	140%
8	Emergency Department Outpatient Visits	25	90	65	260%
9	Emergency Department Inpatient Admissions	11	41	30	273%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$829,918	\$3,937,731	\$3,107,813	374%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$242,074	\$1,040,120	\$798,046	330%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$1,688	\$0	(\$1,688)	-100%
4	Outpatient Payments	\$454	\$0	(\$454)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	2	0	(2)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,688	\$0	(\$1,688)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$454	\$0	(\$454)	-100%
I. AETNA					
1	Inpatient Charges	\$0	\$127,767	\$127,767	0%
2	Inpatient Payments	\$0	\$37,992	\$37,992	0%
3	Outpatient Charges	\$0	\$434,674	\$434,674	0%
4	Outpatient Payments	\$0	\$103,146	\$103,146	0%
5	Discharges	0	7	7	0%
6	Patient Days	0	15	15	0%
7	Outpatient Visits (Excludes ED Visits)	0	283	283	0%
8	Emergency Department Outpatient Visits	0	40	40	0%
9	Emergency Department Inpatient Admissions	0	7	7	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$562,441	\$562,441	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$141,138	\$141,138	0%

**NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$59,110	\$59,110	0%
2	Inpatient Payments	\$0	\$17,576	\$17,576	0%
3	Outpatient Charges	\$0	\$65,039	\$65,039	0%
4	Outpatient Payments	\$0	\$15,433	\$15,433	0%
5	Discharges	0	2	2	0%
6	Patient Days	0	14	14	0%
7	Outpatient Visits (Excludes ED Visits)	0	36	36	0%
8	Emergency Department Outpatient Visits	0	9	9	0%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$124,149	\$124,149	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$33,009	\$33,009	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$2,326,095	\$2,950,849	\$624,754	27%
	TOTAL INPATIENT PAYMENTS	\$716,987	\$877,435	\$160,448	22%
	TOTAL OUTPATIENT CHARGES	\$4,000,176	\$4,399,719	\$399,543	10%
	TOTAL OUTPATIENT PAYMENTS	\$1,076,821	\$1,044,028	(\$32,793)	-3%
	TOTAL DISCHARGES	69	83	14	20%
	TOTAL PATIENT DAYS	295	508	213	72%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	2,663	3,001	338	13%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	186	240	54	29%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	53	70	17	32%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,326,271	\$7,350,568	\$1,024,297	16%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,793,808	\$1,921,463	\$127,655	7%

**NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$1,018,284	\$617,060	(\$401,224)	-39%
2	Inpatient Payments	\$418,871	\$218,688	(\$200,183)	-48%
3	Outpatient Charges	\$3,392,031	\$3,695,676	\$303,645	9%
4	Outpatient Payments	\$977,632	\$1,061,918	\$84,286	9%
5	Discharges	96	72	(24)	-25%
6	Patient Days	248	168	(80)	-32%
7	Outpatient Visits (Excludes ED Visits)	2,178	2,118	(60)	-3%
8	Emergency Department Outpatient Visits	1,165	1,194	29	2%
9	Emergency Department Inpatient Admissions	17	12	(5)	-29%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,410,315	\$4,312,736	(\$97,579)	-2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,396,503	\$1,280,606	(\$115,897)	-8%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$87,746	\$147,087	\$59,341	68%
2	Inpatient Payments	\$36,094	\$52,128	\$16,034	44%
3	Outpatient Charges	\$319,351	\$322,618	\$3,267	1%
4	Outpatient Payments	\$92,042	\$92,701	\$659	1%
5	Discharges	13	18	5	38%
6	Patient Days	35	50	15	43%
7	Outpatient Visits (Excludes ED Visits)	246	188	(58)	-24%
8	Emergency Department Outpatient Visits	142	169	27	19%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$407,097	\$469,705	\$62,608	15%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$128,136	\$144,829	\$16,693	13%
	H. AETNA				
1	Inpatient Charges	\$428,340	\$537,101	\$108,761	25%
2	Inpatient Payments	\$176,198	\$190,350	\$14,152	8%
3	Outpatient Charges	\$2,303,603	\$2,228,918	(\$74,685)	-3%
4	Outpatient Payments	\$663,931	\$640,459	(\$23,472)	-4%
5	Discharges	42	46	4	10%
6	Patient Days	139	129	(10)	-7%
7	Outpatient Visits (Excludes ED Visits)	1,271	1,291	20	2%
8	Emergency Department Outpatient Visits	580	672	92	16%
9	Emergency Department Inpatient Admissions	3	8	5	167%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,731,943	\$2,766,019	\$34,076	1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$840,129	\$830,809	(\$9,320)	-1%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$1,534,370	\$1,301,248	(\$233,122)	-15%
	TOTAL INPATIENT PAYMENTS	\$631,163	\$461,166	(\$169,997)	-27%
	TOTAL OUTPATIENT CHARGES	\$6,014,985	\$6,247,212	\$232,227	4%
	TOTAL OUTPATIENT PAYMENTS	\$1,733,605	\$1,795,078	\$61,473	4%
	TOTAL DISCHARGES	151	136	(15)	-10%
	TOTAL PATIENT DAYS	422	347	(75)	-18%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	3,695	3,597	(98)	-3%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,887	2,035	148	8%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	20	22	2	10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,549,355	\$7,548,460	(\$895)	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,364,768	\$2,256,244	(\$108,524)	-5%

**NEW MILFORD HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2011
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$41,061,454	\$56,787,869	\$15,726,415	38%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$66,087,968	\$74,395,713	\$8,307,745	13%
4	Current Assets Whose Use is Limited for Current Liabilities	\$3,802,296	\$2,780,279	(\$1,022,017)	-27%
5	Due From Affiliates	\$15,058,487	\$0	(\$15,058,487)	-100%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$10,647,373	\$12,213,567	\$1,566,194	15%
8	Prepaid Expenses	\$11,701,548	\$16,364,779	\$4,663,231	40%
9	Other Current Assets	\$1,143,377	\$1,768,111	\$624,734	55%
	Total Current Assets	\$149,502,503	\$164,310,318	\$14,807,815	10%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$6,901,020	\$6,439,298	(\$461,722)	-7%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$68,042,366	\$182,369,612	\$114,327,246	168%
	Total Noncurrent Assets Whose Use is Limited:	\$74,943,386	\$188,808,910	\$113,865,524	152%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$234,672,059	\$210,629,807	(\$24,042,252)	-10%
7	Other Noncurrent Assets	\$15,258,295	\$25,794,210	\$10,535,915	69%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$555,435,509	\$627,841,143	\$72,405,634	13%
2	Less: Accumulated Depreciation	\$352,143,546	\$388,704,091	\$36,560,545	\$0
	Property, Plant and Equipment, Net	\$203,291,963	\$239,137,052	\$35,845,089	18%
3	Construction in Progress	\$21,879,446	\$27,578,848	\$5,699,402	26%
	Total Net Fixed Assets	\$225,171,409	\$266,715,900	\$41,544,491	18%
	Total Assets	\$699,547,652	\$856,259,145	\$156,711,493	22%

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$37,457,932	\$41,087,673	\$3,629,741	10%
2	Salaries, Wages and Payroll Taxes	\$16,877,046	\$28,131,050	\$11,254,004	67%
3	Due To Third Party Payers	\$14,882,325	\$15,337,343	\$455,018	3%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$6,455,637	\$3,024,773	(\$3,430,864)	-53%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$31,870,000	\$0	(\$31,870,000)	-100%
	Total Current Liabilities	\$107,542,940	\$87,580,839	(\$19,962,101)	-19%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$92,471,763	\$253,514,718	\$161,042,955	174%
	Total Long Term Debt	\$92,471,763	\$253,514,718	\$161,042,955	174%
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$187,819,681	\$166,759,146	(\$21,060,535)	-11%
	Total Long Term Liabilities	\$280,291,444	\$420,273,864	\$139,982,420	50%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$246,220,345	\$286,369,831	\$40,149,486	16%
2	Temporarily Restricted Net Assets	\$33,595,748	\$30,149,404	(\$3,446,344)	-10%
3	Permanently Restricted Net Assets	\$31,897,175	\$31,885,207	(\$11,968)	0%
	Total Net Assets	\$311,713,268	\$348,404,442	\$36,691,174	12%
	Total Liabilities and Net Assets	\$699,547,652	\$856,259,145	\$156,711,493	22%

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,350,505,746	\$1,620,897,693	\$270,391,947	20%
2	Less: Allowances	\$728,277,143	\$884,704,840	\$156,427,697	21%
3	Less: Charity Care	\$15,362,625	\$15,667,675	\$305,050	2%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$606,865,978	\$720,525,178	\$113,659,200	19%
5	Other Operating Revenue	\$15,295,373	\$14,009,110	(\$1,286,263)	-8%
6	Net Assets Released from Restrictions	\$2,790,050	\$3,167,079	\$377,029	14%
	Total Operating Revenue	\$624,951,401	\$737,701,367	\$112,749,966	18%
B. Operating Expenses:					
1	Salaries and Wages	\$361,252,292	\$458,708,798	\$97,456,506	27%
2	Fringe Benefits	\$0	\$0	\$0	0%
3	Physicians Fees	\$0	\$0	\$0	0%
4	Supplies and Drugs	\$0	\$0	\$0	0%
5	Depreciation and Amortization	\$33,299,043	\$36,236,656	\$2,937,613	9%
6	Bad Debts	\$14,229,424	\$26,465,527	\$12,236,103	86%
7	Interest	\$5,539,104	\$5,333,933	(\$205,171)	-4%
8	Malpractice	\$0	\$0	\$0	0%
9	Other Operating Expenses	\$188,884,825	\$219,356,406	\$30,471,581	16%
	Total Operating Expenses	\$603,204,688	\$746,101,320	\$142,896,632	24%
	Income/(Loss) From Operations	\$21,746,713	(\$8,399,953)	(\$30,146,666)	-139%
C. Non-Operating Revenue:					
1	Income from Investments	\$7,688,148	\$9,355,429	\$1,667,281	22%
2	Gifts, Contributions and Donations	\$3,404,377	\$3,166,972	(\$237,405)	-7%
3	Other Non-Operating Gains/(Losses)	\$10,722,195	(\$6,929,617)	(\$17,651,812)	-165%
	Total Non-Operating Revenue	\$21,814,720	\$5,592,784	(\$16,221,936)	-74%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$43,561,433	(\$2,807,169)	(\$46,368,602)	-106%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$43,561,433	(\$2,807,169)	(\$46,368,602)	-106%

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$92,587,250	\$606,865,978	\$720,525,178
2	Other Operating Revenue	5,129,602	18,085,423	17,176,189
3	Total Operating Revenue	\$97,716,852	\$624,951,401	\$737,701,367
4	Total Operating Expenses	103,217,073	603,204,688	746,101,320
5	Income/(Loss) From Operations	(\$5,500,221)	\$21,746,713	(\$8,399,953)
6	Total Non-Operating Revenue	335,151	21,814,720	5,592,784
7	Excess/(Deficiency) of Revenue Over Expenses	(\$5,165,070)	\$43,561,433	(\$2,807,169)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-5.61%	3.36%	-1.13%
2	Parent Corporation Non-Operating Margin	0.34%	3.37%	0.75%
3	Parent Corporation Total Margin	-5.27%	6.74%	-0.38%
4	Income/(Loss) From Operations	(\$5,500,221)	\$21,746,713	(\$8,399,953)
5	Total Operating Revenue	\$97,716,852	\$624,951,401	\$737,701,367
6	Total Non-Operating Revenue	\$335,151	\$21,814,720	\$5,592,784
7	Total Revenue	\$98,052,003	\$646,766,121	\$743,294,151
8	Excess/(Deficiency) of Revenue Over Expenses	(\$5,165,070)	\$43,561,433	(\$2,807,169)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$9,579,333	\$246,220,345	\$286,369,831
2	Parent Corporation Total Net Assets	\$23,768,402	\$311,713,268	\$348,404,442
3	Parent Corporation Change in Total Net Assets	(\$19,796,479)	\$287,944,866	\$36,691,174
4	Parent Corporation Change in Total Net Assets %	54.6%	1211.5%	11.8%

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
	D. <u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.47	1.39	1.88
2	Total Current Assets	\$23,502,253	\$149,502,503	\$164,310,318
3	Total Current Liabilities	\$15,954,388	\$107,542,940	\$87,580,839
4	<u>Days Cash on Hand</u>	14	26	29
5	Cash and Cash Equivalents	\$3,470,654	\$41,061,454	\$56,787,869
6	Short Term Investments	195,420	0	0
7	Total Cash and Short Term Investments	\$3,666,074	\$41,061,454	\$56,787,869
8	Total Operating Expenses	\$103,217,073	\$603,204,688	\$746,101,320
9	Depreciation Expense	\$4,988,522	\$33,299,043	\$36,236,656
10	Operating Expenses less Depreciation Expense	\$98,228,551	\$569,905,645	\$709,864,664
11	<u>Days Revenue in Patient Accounts Receivable</u>	35	31	30
12	Net Patient Accounts Receivable	\$ 11,329,197	\$ 66,087,968	\$ 74,395,713
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,389,775	\$14,882,325	\$15,337,343
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 8,939,422	\$ 51,205,643	\$ 59,058,370
16	Total Net Patient Revenue	\$92,587,250	\$606,865,978	\$720,525,178
17	<u>Average Payment Period</u>	59	69	45
18	Total Current Liabilities	\$15,954,388	\$107,542,940	\$87,580,839
19	Total Operating Expenses	\$103,217,073	\$603,204,688	\$746,101,320
20	Depreciation Expense	\$4,988,522	\$33,299,043	\$36,236,656
21	Total Operating Expenses less Depreciation Expense	\$98,228,551	\$569,905,645	\$709,864,664

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	34.0	44.6	40.7
2	Total Net Assets	\$23,768,402	\$311,713,268	\$348,404,442
3	Total Assets	\$69,977,413	\$699,547,652	\$856,259,145
4	<u>Cash Flow to Total Debt Ratio</u>	(0.8)	38.4	9.8
5	Excess/(Deficiency) of Revenues Over Expenses	(\$5,165,070)	\$43,561,433	(\$2,807,169)
6	Depreciation Expense	\$4,988,522	\$33,299,043	\$36,236,656
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$176,548)	\$76,860,476	\$33,429,487
8	Total Current Liabilities	\$15,954,388	\$107,542,940	\$87,580,839
9	Total Long Term Debt	\$7,543,997	\$92,471,763	\$253,514,718
10	Total Current Liabilities and Total Long Term Debt	\$23,498,385	\$200,014,703	\$341,095,557
11	<u>Long Term Debt to Capitalization Ratio</u>	24.1	22.9	42.1
12	Total Long Term Debt	\$7,543,997	\$92,471,763	\$253,514,718
13	Total Net Assets	\$23,768,402	\$311,713,268	\$348,404,442
14	Total Long Term Debt and Total Net Assets	\$31,312,399	\$404,185,031	\$601,919,160

NEW MILFORD HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	6,887	1,982	1,721	20	63	94.3%	29.9%
2	ICU/CCU (Excludes Neonatal ICU)	1,062	154	0	4	8	72.7%	36.4%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	725	268	263	3	8	66.2%	24.8%
7	Newborn	671	264	264	2	10	91.9%	18.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	2	2	2	0	6	0.0%	0.1%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	8,676	2,252	1,986	27	85	88.0%	28.0%
	TOTAL INPATIENT BED UTILIZATION	9,347	2,516	2,250	29	95	88.3%	27.0%
	TOTAL INPATIENT REPORTED YEAR	9,347	2,516	2,250	29	95	88.3%	27.0%
	TOTAL INPATIENT PRIOR YEAR	9,382	0	0	30	95	85.7%	27.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-35	2,516	2,250	-1	0	2.6%	-0.1%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	0%	0%	0%	-3%	0%	3%	0%
	Total Licensed Beds and Bassinets	95						
(A) This number may not exceed the number of available beds for each department or in total.								

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	1,267	889	-378	-30%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,404	3,264	-1,140	-26%
3	Emergency Department Scans	2,454	1,987	-467	-19%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	8,125	6,140	-1,985	-24%
B. MRI Scans (A)					
1	Inpatient Scans	124	144	20	16%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,020	2,740	720	36%
3	Emergency Department Scans	16	27	11	69%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	2,160	2,911	751	35%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	1	0	-1	-100%
2	Outpatient Scans (Excluding Emergency Department Scans)	202	165	-37	-18%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	203	165	-38	-19%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	847	785	-62	-7%
2	Outpatient Surgical Procedures	2,380	2,268	-112	-5%
	Total Surgical Procedures	3,227	3,053	-174	-5%
J. Endoscopy Procedures					

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	103	74	-29	-28%
2	Outpatient Endoscopy Procedures	2,226	2,064	-162	-7%
	Total Endoscopy Procedures	2,329	2,138	-191	-8%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	1,901	2,042	141	7%
2	Emergency Room Visits: Treated and Discharged	16,972	16,738	-234	-1%
	Total Emergency Room Visits	18,873	18,780	-93	0%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	7,038	6,845	-193	-3%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	7,038	6,845	-193	-3%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	598	652	54	9%
2	Cardiology	1,007	882	-125	-12%
3	Chemotherapy	1,635	1,612	-23	-1%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	82,600	77,740	-4,860	-6%
	Total Other Hospital Outpatient Visits	85,840	80,886	-4,954	-6%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	145.8	137.2	-8.6	-6%
2	Total Physician FTEs	24.2	19.0	-5.2	-21%
3	Total Non-Nursing and Non-Physician FTEs	305.5	305.4	-0.1	0%
	Total Hospital Full Time Equivalent Employees	475.5	461.6	-13.9	-3%

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	The New Milford Hospital Inc	2,380	2,268	-112	-5%
	Total Outpatient Surgical Procedures(A)	2,380	2,268	-112	-5%
B. Outpatient Endoscopy Procedures					
1	The New Milford Hospital Inc	2,226	2,064	-162	-7%
	Total Outpatient Endoscopy Procedures(B)	2,226	2,064	-162	-7%
C. Outpatient Hospital Emergency Room Visits					
1	The New Milford Hospital Inc	16,972	16,738	-234	-1%
	Total Outpatient Hospital Emergency Room Visits(C)	16,972	16,738	-234	-1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$38,429,316	\$38,481,431	\$52,115	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,568,177	\$12,616,044	\$47,867	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.70%	32.78%	0.08%	0%
4	DISCHARGES	1,167	1,199	32	3%
5	CASE MIX INDEX (CMI)	1.53480	1.37390	(0.16090)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,791.11160	1,647.30610	(143.80550)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,016.97	\$7,658.59	\$641.62	9%
8	PATIENT DAYS	5,051	5,368	317	6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,488.26	\$2,350.23	(\$138.02)	-6%
10	AVERAGE LENGTH OF STAY	4.3	4.5	0.1	3%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$68,832,746	\$63,832,303	(\$5,000,443)	-7%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$13,272,075	\$13,327,218	\$55,143	0%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.28%	20.88%	1.60%	8%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	179.12%	165.88%	-13.24%	-7%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,090.27438	1,988.87955	(101.39482)	-5%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,349.44	\$6,700.87	\$351.43	6%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$107,262,062	\$102,313,734	(\$4,948,328)	-5%
18	TOTAL ACCRUED PAYMENTS	\$25,840,252	\$25,943,262	\$103,010	0%
19	TOTAL ALLOWANCES	\$81,421,810	\$76,370,472	(\$5,051,338)	-6%

NEW MILFORD HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$26,363,581	\$23,894,322	(\$2,469,259)	-9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,576,634	\$10,028,493	(\$548,141)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	40.12%	41.97%	1.85%	5%
4	DISCHARGES	1,057	1,068	11	1%
5	CASE MIX INDEX (CMI)	1.16100	1.12900	(0.03200)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,227.17700	1,205.77200	(21.40500)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,618.67	\$8,317.07	(\$301.60)	-3%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,601.70)	(\$658.48)	\$943.22	-59%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,965,569)	(\$793,978)	\$1,171,591	-60%
10	PATIENT DAYS	3,238	3,049	(189)	-6%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,266.41	\$3,289.11	\$22.70	1%
12	AVERAGE LENGTH OF STAY	3.1	2.9	(0.2)	-7%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$89,492,748	\$91,515,148	\$2,022,400	2%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$44,048,867	\$45,869,212	\$1,820,345	4%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	49.22%	50.12%	0.90%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	339.46%	383.00%	43.54%	13%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,588.04954	4,090.43530	502.38576	14%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,276.55	\$11,213.77	(\$1,062.78)	-9%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$5,927.11)	(\$4,512.91)	\$1,414.20	-24%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$21,266,756)	(\$18,459,748)	\$2,807,008	-13%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$115,856,329	\$115,409,470	(\$446,859)	0%
22	TOTAL ACCRUED PAYMENTS	\$54,625,501	\$55,897,705	\$1,272,204	2%
23	TOTAL ALLOWANCES	\$61,230,828	\$59,511,765	(\$1,719,063)	-3%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$23,232,326)	(\$19,253,726)	\$3,978,600	-17%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$110,847,139	\$110,709,168	(\$137,971)	0%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$54,890,286	\$55,477,982	\$587,696	1%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$55,956,853	\$55,231,186	(\$725,667)	-1%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	50.48%	49.89%	-0.59%	

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$947,053	\$817,818	(\$129,235)	-14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$51,906	\$73,029	\$21,123	41%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	5.48%	8.93%	3.45%	63%
4	DISCHARGES	51	55	4	8%
5	CASE MIX INDEX (CMI)	1.02690	0.00877	(1.01813)	-99%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	52.37190	0.48235	(51.88955)	-99%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$991.10	\$151,402.51	\$150,411.40	15176%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,627.57	(\$143,085.44)	(\$150,713.00)	-1976%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,025.87	(\$143,743.92)	(\$149,769.78)	-2485%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$315,586	(\$69,335)	(\$384,921)	-122%
11	PATIENT DAYS	144	143	(1)	-1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$360.46	\$510.69	\$150.23	42%
13	AVERAGE LENGTH OF STAY	2.8	2.6	(0.2)	-8%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,062,137	\$3,882,484	(\$179,653)	-4%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$222,636	\$346,693	\$124,057	56%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.48%	8.93%	3.45%	63%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	428.92%	474.74%	45.81%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	218.75121	261.10531	42.35410	19%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,017.76	\$1,327.79	\$310.03	30%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$11,258.79	\$9,885.98	(\$1,372.81)	-12%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,331.68	\$5,373.08	\$41.39	1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,166,312	\$1,402,939	\$236,627	20%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$5,009,190	\$4,700,302	(\$308,888)	-6%
24	TOTAL ACCRUED PAYMENTS	\$274,542	\$419,722	\$145,180	53%
25	TOTAL ALLOWANCES	\$4,734,648	\$4,280,580	(\$454,068)	-10%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,481,898	\$1,333,604	(\$148,294)	-10%

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$4,407,849	\$4,404,387	(\$3,462)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,217,702	\$1,436,686	\$218,984	18%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.63%	32.62%	4.99%	18%
4	DISCHARGES	252	236	(16)	-6%
5	CASE MIX INDEX (CMI)	0.82090	0.86490	0.04400	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	206.86680	204.11640	(2.75040)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,886.41	\$7,038.56	\$1,152.16	20%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,732.26	\$1,278.51	(\$1,453.75)	-53%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,130.56	\$620.03	(\$510.54)	-45%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$233,876	\$126,558	(\$107,318)	-46%
11	PATIENT DAYS	949	836	(113)	-12%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,283.14	\$1,718.52	\$435.38	34%
13	AVERAGE LENGTH OF STAY	3.8	3.5	(0.2)	-6%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,470,053	\$14,993,613	\$4,523,560	43%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,816,920	\$4,063,148	\$1,246,228	44%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.90%	27.10%	0.19%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	237.53%	340.42%	102.89%	43%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	598.58070	803.40185	204.82115	34%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,706.00	\$5,057.43	\$351.43	7%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$7,570.55	\$6,156.34	(\$1,414.21)	-19%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,643.44	\$1,643.44	(\$0.00)	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$983,733	\$1,320,341	\$336,608	34%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$14,877,902	\$19,398,000	\$4,520,098	30%
24	TOTAL ACCRUED PAYMENTS	\$4,034,622	\$5,499,834	\$1,465,212	36%
25	TOTAL ALLOWANCES	\$10,843,280	\$13,898,166	\$3,054,886	28%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,217,609	\$1,446,899	\$229,290	19%

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$961,631	\$495,349	(\$466,282)	-48%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$196,290	\$155,721	(\$40,569)	-21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.41%	31.44%	11.02%	54%
4	DISCHARGES	31	6	(25)	-81%
5	CASE MIX INDEX (CMI)	1.60690	1.44030	(0.16660)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	49.81390	8.64180	(41.17210)	-83%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,940.47	\$18,019.51	\$14,079.04	357%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$4,678.20	(\$9,702.44)	(\$14,380.64)	-307%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,076.50	(\$10,360.92)	(\$13,437.42)	-437%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$153,253	(\$89,537)	(\$242,790)	-158%
11	PATIENT DAYS	129	63	(66)	-51%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,521.63	\$2,471.76	\$950.13	62%
13	AVERAGE LENGTH OF STAY	4.2	10.5	6.3	152%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$765,839	\$386,445	(\$379,394)	-50%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$186,225	\$100,211	(\$86,014)	-46%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.32%	25.93%	1.62%	7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	79.64%	78.01%	-1.62%	-2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	24.68827	4.68088	(20.00739)	-81%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,543.05	\$21,408.57	\$13,865.52	184%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$4,733.49	(\$10,194.80)	(\$14,928.30)	-315%
21	MEDICARE - O.M.A. OP PMT / CMAD	(\$1,193.61)	(\$14,707.71)	(\$13,514.09)	1132%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$29,468)	(\$68,845)	(\$39,377)	134%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$1,727,470	\$881,794	(\$845,676)	-49%
24	TOTAL ACCRUED PAYMENTS	\$382,515	\$255,932	(\$126,583)	-33%
25	TOTAL ALLOWANCES	\$1,344,955	\$625,862	(\$719,093)	-53%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$123,784	(\$158,382)	(\$282,166)	-228%

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$5,369,480	\$4,899,736	(\$469,744)	-9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,413,992	\$1,592,407	\$178,415	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.33%	32.50%	6.17%	23%
4	DISCHARGES	283	242	(41)	-14%
5	CASE MIX INDEX (CMI)	0.90700	0.87917	(0.02783)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	256.68070	212.75820	(43.92250)	-17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,508.76	\$7,484.59	\$1,975.83	36%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,109.91	\$832.49	(\$2,277.43)	-73%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,508.21	\$174.01	(\$1,334.21)	-88%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$387,129	\$37,021	(\$350,108)	-90%
11	PATIENT DAYS	1,078	899	(179)	-17%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,311.68	\$1,771.31	\$459.63	35%
13	AVERAGE LENGTH OF STAY	3.8	3.7	(0.1)	-2%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$11,235,892	\$15,380,058	\$4,144,166	37%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,003,145	\$4,163,359	\$1,160,214	39%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.73%	27.07%	0.34%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	209.25%	313.90%	104.64%	50%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	623.26898	808.08273	184.81376	30%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,818.38	\$5,152.14	\$333.77	7%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,458.17	\$6,061.63	(\$1,396.54)	-19%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,531.06	\$1,548.72	\$17.66	1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$954,265	\$1,251,496	\$297,231	31%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$16,605,372	\$20,279,794	\$3,674,422	22%
24	TOTAL ACCRUED PAYMENTS	\$4,417,137	\$5,755,766	\$1,338,629	30%
25	TOTAL ALLOWANCES	\$12,188,235	\$14,524,028	\$2,335,793	19%

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$103,220	\$206,461	\$103,241	100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$23,033	\$41,553	\$18,520	80%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.31%	20.13%	-2.19%	-10%
4	DISCHARGES	5	7	2	40%
5	CASE MIX INDEX (CMI)	0.87400	1.15860	0.28460	33%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4.37000	8.11020	3.74020	86%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,270.71	\$5,123.55	(\$147.16)	-3%
8	PATIENT DAYS	15	31	16	107%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,535.53	\$1,340.42	(\$195.11)	-13%
10	AVERAGE LENGTH OF STAY	3.0	4.4	1.4	48%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$300,717	\$276,437	(\$24,280)	-8%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$74,027	\$70,301	(\$3,726)	-5%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$403,937	\$482,898	\$78,961	20%
14	TOTAL ACCRUED PAYMENTS	\$97,060	\$111,854	\$14,794	15%
15	TOTAL ALLOWANCES	\$306,877	\$371,044	\$64,167	21%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$3,523,807	\$3,223,427	(\$300,380)	-9%
2	TOTAL OPERATING EXPENSES	\$91,802,230	\$93,915,766	\$2,113,536	2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$351,378	\$0	(\$351,378)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$2,208,785	\$1,734,591	(\$474,194)	-21%
5	BAD DEBTS (CHARGES)	\$3,065,190	\$2,545,989	(\$519,201)	-17%
6	UNCOMPENSATED CARE (CHARGES)	\$5,273,975	\$4,280,580	(\$993,395)	-19%
7	COST OF UNCOMPENSATED CARE	\$1,874,150	\$1,574,280	(\$299,870)	-16%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$16,605,372	\$20,279,794	\$3,674,422	22%
9	TOTAL ACCRUED PAYMENTS	\$4,417,137	\$5,755,766	\$1,338,629	30%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$5,900,854	\$7,458,353	\$1,557,499	26%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,483,717	\$1,702,587	\$218,870	15%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$70,265,597	\$67,481,950	(\$2,783,647)	-4%
2	TOTAL INPATIENT PAYMENTS	\$24,581,836	\$24,278,497	(\$303,339)	-1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	34.98%	35.98%	0.99%	3%
4	TOTAL DISCHARGES	2,512	2,516	4	0%
5	TOTAL CASE MIX INDEX	1.30547	1.22176	(0.08371)	-6%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	3,279,33930	3,073,94650	(205,39280)	-6%
7	TOTAL OUTPATIENT CHARGES	\$169,862,103	\$171,003,946	\$1,141,843	1%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	241.74%	253.41%	11.66%	5%
9	TOTAL OUTPATIENT PAYMENTS	\$60,398,114	\$63,430,090	\$3,031,976	5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.56%	37.09%	1.54%	4%
11	TOTAL CHARGES	\$240,127,700	\$238,485,896	(\$1,641,804)	-1%
12	TOTAL PAYMENTS	\$84,979,950	\$87,708,587	\$2,728,637	3%
13	TOTAL PAYMENTS / TOTAL CHARGES	35.39%	36.78%	1.39%	4%
14	PATIENT DAYS	9,382	9,347	(35)	0%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$43,902,016	\$43,587,628	(\$314,388)	-1%
2	INPATIENT PAYMENTS	\$14,005,202	\$14,250,004	\$244,802	2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	31.90%	32.69%	0.79%	2%
4	DISCHARGES	1,455	1,448	(7)	0%
5	CASE MIX INDEX	1.41042	1.29018	(0.12025)	-9%
6	CASE MIX ADJUSTED DISCHARGES	2,052.16230	1,868.17450	(183.98780)	-9%
7	OUTPATIENT CHARGES	\$80,369,355	\$79,488,798	(\$880,557)	-1%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	183.07%	182.37%	-0.70%	0%
9	OUTPATIENT PAYMENTS	\$16,349,247	\$17,560,878	\$1,211,631	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.34%	22.09%	1.75%	9%
11	TOTAL CHARGES	\$124,271,371	\$123,076,426	(\$1,194,945)	-1%
12	TOTAL PAYMENTS	\$30,354,449	\$31,810,882	\$1,456,433	5%
13	TOTAL PAYMENTS / CHARGES	24.43%	25.85%	1.42%	6%
14	PATIENT DAYS	6,144	6,298	154	3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$93,916,922	\$91,265,544	(\$2,651,378)	-3%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.3	4.5	0.1	3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.1	2.9	(0.2)	-7%
3	UNINSURED	2.8	2.6	(0.2)	-8%
4	MEDICAID	3.8	3.5	(0.2)	-6%
5	OTHER MEDICAL ASSISTANCE	4.2	10.5	6.3	152%
6	CHAMPUS / TRICARE	3.0	4.4	1.4	48%
7	TOTAL AVERAGE LENGTH OF STAY	3.7	3.7	(0.0)	-1%

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$240,127,700	\$238,485,896	(\$1,641,804)	-1%
2	TOTAL GOVERNMENT DEDUCTIONS	\$93,916,922	\$91,265,544	(\$2,651,378)	-3%
3	UNCOMPENSATED CARE	\$5,273,975	\$4,280,580	(\$993,395)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$55,956,853	\$55,231,186	(\$725,667)	-1%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$155,147,750	\$150,777,310	(\$4,370,440)	-3%
7	TOTAL ACCRUED PAYMENTS	\$84,979,950	\$87,708,586	\$2,728,636	3%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$351,378	\$0	(\$351,378)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$85,331,328	\$87,708,586	\$2,377,258	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3553581199	0.3677726334	0.0124145135	3%
11	COST OF UNCOMPENSATED CARE	\$1,874,150	\$1,574,280	(\$299,870)	-16%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,483,717	\$1,702,587	\$218,870	15%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,357,867	\$3,276,867	(\$80,999)	-2%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$983,733	\$1,320,341	\$336,608	34%
2	OTHER MEDICAL ASSISTANCE	\$123,784	(\$158,382)	(\$282,166)	-228%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,481,898	\$1,333,604	(\$148,294)	-10%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$2,589,416	\$2,495,563	(\$93,852)	-4%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,065,190	\$2,879,520	(\$185,670)	-6.06%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$88,396,564	\$90,588,107	\$2,191,543	2.48%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$240,127,700	\$238,485,898	(\$1,641,802)	-0.68%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$386,008	\$850,055	\$464,047	120.22%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$5,659,983	\$5,130,635	(\$529,348)	-9.35%

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$26,363,581	\$23,894,322	(\$2,469,259)
2	MEDICARE	\$38,429,316	38,481,431	\$52,115
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,369,480	4,899,736	(\$469,744)
4	MEDICAID	\$4,407,849	4,404,387	(\$3,462)
5	OTHER MEDICAL ASSISTANCE	\$961,631	495,349	(\$466,282)
6	CHAMPUS / TRICARE	\$103,220	206,461	\$103,241
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$947,053	817,818	(\$129,235)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$43,902,016	\$43,587,628	(\$314,388)
	TOTAL INPATIENT CHARGES	\$70,265,597	\$67,481,950	(\$2,783,647)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$89,492,748	\$91,515,148	\$2,022,400
2	MEDICARE	\$68,832,746	63,832,303	(\$5,000,443)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,235,892	15,380,058	\$4,144,166
4	MEDICAID	\$10,470,053	14,993,613	\$4,523,560
5	OTHER MEDICAL ASSISTANCE	\$765,839	386,445	(\$379,394)
6	CHAMPUS / TRICARE	\$300,717	276,437	(\$24,280)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,062,137	3,882,484	(\$179,653)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$80,369,355	\$79,488,798	(\$880,557)
	TOTAL OUTPATIENT CHARGES	\$169,862,103	\$171,003,946	\$1,141,843
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$115,856,329	\$115,409,470	(\$446,859)
2	TOTAL MEDICARE	\$107,262,062	\$102,313,734	(\$4,948,328)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$16,605,372	\$20,279,794	\$3,674,422
4	TOTAL MEDICAID	\$14,877,902	\$19,398,000	\$4,520,098
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,727,470	\$881,794	(\$845,676)
6	TOTAL CHAMPUS / TRICARE	\$403,937	\$482,898	\$78,961
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,009,190	\$4,700,302	(\$308,888)
	TOTAL GOVERNMENT CHARGES	\$124,271,371	\$123,076,426	(\$1,194,945)
	TOTAL CHARGES	\$240,127,700	\$238,485,896	(\$1,641,804)
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,576,634	\$10,028,493	(\$548,141)
2	MEDICARE	\$12,568,177	12,616,044	\$47,867
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,413,992	1,592,407	\$178,415
4	MEDICAID	\$1,217,702	1,436,686	\$218,984
5	OTHER MEDICAL ASSISTANCE	\$196,290	155,721	(\$40,569)
6	CHAMPUS / TRICARE	\$23,033	41,553	\$18,520
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$51,906	73,029	\$21,123
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$14,005,202	\$14,250,004	\$244,802
	TOTAL INPATIENT PAYMENTS	\$24,581,836	\$24,278,497	(\$303,339)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$44,048,867	\$45,869,212	\$1,820,345
2	MEDICARE	\$13,272,075	13,327,218	\$55,143
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,003,145	4,163,359	\$1,160,214
4	MEDICAID	\$2,816,920	4,063,148	\$1,246,228
5	OTHER MEDICAL ASSISTANCE	\$186,225	100,211	(\$86,014)
6	CHAMPUS / TRICARE	\$74,027	70,301	(\$3,726)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$222,636	346,693	\$124,057
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$16,349,247	\$17,560,878	\$1,211,631
	TOTAL OUTPATIENT PAYMENTS	\$60,398,114	\$63,430,090	\$3,031,976
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$54,625,501	\$55,897,705	\$1,272,204
2	TOTAL MEDICARE	\$25,840,252	\$25,943,262	\$103,010
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,417,137	\$5,755,766	\$1,338,629
4	TOTAL MEDICAID	\$4,034,622	\$5,499,834	\$1,465,212
5	TOTAL OTHER MEDICAL ASSISTANCE	\$382,515	\$255,932	(\$126,583)
6	TOTAL CHAMPUS / TRICARE	\$97,060	\$111,854	\$14,794
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$274,542	\$419,722	\$145,180
	TOTAL GOVERNMENT PAYMENTS	\$30,354,449	\$31,810,882	\$1,456,433
	TOTAL PAYMENTS	\$84,979,950	\$87,708,587	\$2,728,637

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10.98%	10.02%	-0.96%
2	MEDICARE	16.00%	16.14%	0.13%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.24%	2.05%	-0.18%
4	MEDICAID	1.84%	1.85%	0.01%
5	OTHER MEDICAL ASSISTANCE	0.40%	0.21%	-0.19%
6	CHAMPUS / TRICARE	0.04%	0.09%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.39%	0.34%	-0.05%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	18.28%	18.28%	-0.01%
	TOTAL INPATIENT PAYER MIX	29.26%	28.30%	-0.97%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.27%	38.37%	1.10%
2	MEDICARE	28.67%	26.77%	-1.90%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.68%	6.45%	1.77%
4	MEDICAID	4.36%	6.29%	1.93%
5	OTHER MEDICAL ASSISTANCE	0.32%	0.16%	-0.16%
6	CHAMPUS / TRICARE	0.13%	0.12%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.69%	1.63%	-0.06%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	33.47%	33.33%	-0.14%
	TOTAL OUTPATIENT PAYER MIX	70.74%	71.70%	0.97%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.45%	11.43%	-1.01%
2	MEDICARE	14.79%	14.38%	-0.41%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.66%	1.82%	0.15%
4	MEDICAID	1.43%	1.64%	0.21%
5	OTHER MEDICAL ASSISTANCE	0.23%	0.18%	-0.05%
6	CHAMPUS / TRICARE	0.03%	0.05%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.06%	0.08%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	16.48%	16.25%	-0.23%
	TOTAL INPATIENT PAYER MIX	28.93%	27.68%	-1.25%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.83%	52.30%	0.46%
2	MEDICARE	15.62%	15.19%	-0.42%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.53%	4.75%	1.21%
4	MEDICAID	3.31%	4.63%	1.32%
5	OTHER MEDICAL ASSISTANCE	0.22%	0.11%	-0.10%
6	CHAMPUS / TRICARE	0.09%	0.08%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.26%	0.40%	0.13%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	19.24%	20.02%	0.78%
	TOTAL OUTPATIENT PAYER MIX	71.07%	72.32%	1.25%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,057	1,068	11
2	MEDICARE	1,167	1,199	32
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	283	242	(41)
4	MEDICAID	252	236	(16)
5	OTHER MEDICAL ASSISTANCE	31	6	(25)
6	CHAMPUS / TRICARE	5	7	2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	51	55	4
	TOTAL GOVERNMENT DISCHARGES	1,455	1,448	(7)
	TOTAL DISCHARGES	2,512	2,516	4
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,238	3,049	(189)
2	MEDICARE	5,051	5,368	317
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,078	899	(179)
4	MEDICAID	949	836	(113)
5	OTHER MEDICAL ASSISTANCE	129	63	(66)
6	CHAMPUS / TRICARE	15	31	16
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	144	143	(1)
	TOTAL GOVERNMENT PATIENT DAYS	6,144	6,298	154
	TOTAL PATIENT DAYS	9,382	9,347	(35)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.1	2.9	(0.2)
2	MEDICARE	4.3	4.5	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.8	3.7	(0.1)
4	MEDICAID	3.8	3.5	(0.2)
5	OTHER MEDICAL ASSISTANCE	4.2	10.5	6.3
6	CHAMPUS / TRICARE	3.0	4.4	1.4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.8	2.6	(0.2)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.2	4.3	0.1
	TOTAL AVERAGE LENGTH OF STAY	3.7	3.7	(0.0)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.16100	1.12900	(0.03200)
2	MEDICARE	1.53480	1.37390	(0.16090)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.90700	0.87917	(0.02783)
4	MEDICAID	0.82090	0.86490	0.04400
5	OTHER MEDICAL ASSISTANCE	1.60690	1.44030	(0.16660)
6	CHAMPUS / TRICARE	0.87400	1.15860	0.28460
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.02690	0.00877	(1.01813)
	TOTAL GOVERNMENT CASE MIX INDEX	1.41042	1.29018	(0.12025)
	TOTAL CASE MIX INDEX	1.30547	1.22176	(0.08371)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$110,847,139	\$110,709,168	(\$137,971)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$54,890,286	\$55,477,982	\$587,696
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$55,956,853	\$55,231,186	(\$725,667)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	50.48%	49.89%	-0.59%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$351,378	\$0	(\$351,378)
8	CHARITY CARE	\$2,208,785	\$1,734,591	(\$474,194)
9	BAD DEBTS	\$3,065,190	\$2,545,989	(\$519,201)
10	TOTAL UNCOMPENSATED CARE	\$5,273,975	\$4,280,580	(\$993,395)
11	TOTAL OTHER OPERATING REVENUE	\$110,847,139	\$110,709,168	(\$137,971)
12	TOTAL OPERATING EXPENSES	\$91,802,230	\$93,915,766	\$2,113,536

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,227.17700	1,205.77200	(21.40500)
2	MEDICARE	1,791.11160	1,647.30610	(143.80550)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	256.68070	212.75820	(43.92250)
4	MEDICAID	206.86680	204.11640	(2.75040)
5	OTHER MEDICAL ASSISTANCE	49.81390	8.64180	(41.17210)
6	CHAMPUS / TRICARE	4.37000	8.11020	3.74020
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	52.37190	0.48235	(51.88955)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	2,052.16230	1,868.17450	(183.98780)
	TOTAL CASE MIX ADJUSTED DISCHARGES	3,279.33930	3,073.94650	(205.39280)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,588.04954	4,090.43530	502.38576
2	MEDICARE	2,090.27438	1,988.87955	-101.39482
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	623.26898	808.08273	184.81376
4	MEDICAID	598.58070	803.40185	204.82115
5	OTHER MEDICAL ASSISTANCE	24.68827	4.68088	-20.00739
6	CHAMPUS / TRICARE	14.56680	9.37252	-5.19428
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	218.75121	261.10531	42.35410
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	2,728.11015	2,806.33480	78.22465
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	6,316.15969	6,896.77010	580.61040
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,618.67	\$8,317.07	(\$301.60)
2	MEDICARE	\$7,016.97	\$7,658.59	\$641.62
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,508.76	\$7,484.59	\$1,975.83
4	MEDICAID	\$5,886.41	\$7,038.56	\$1,152.16
5	OTHER MEDICAL ASSISTANCE	\$3,940.47	\$18,019.51	\$14,079.04
6	CHAMPUS / TRICARE	\$5,270.71	\$5,123.55	(\$147.16)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$991.10	\$151,402.51	\$150,411.40
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,824.61	\$7,627.77	\$803.16
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,495.97	\$7,898.15	\$402.18
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,276.55	\$11,213.77	(\$1,062.78)
2	MEDICARE	\$6,349.44	\$6,700.87	\$351.43
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,818.38	\$5,152.14	\$333.77
4	MEDICAID	\$4,706.00	\$5,057.43	\$351.43
5	OTHER MEDICAL ASSISTANCE	\$7,543.05	\$21,408.57	\$13,865.52
6	CHAMPUS / TRICARE	\$5,081.90	\$7,500.76	\$2,418.86
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,017.76	\$1,327.79	\$310.03
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,992.88	\$6,257.58	\$264.70
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,562.47	\$9,197.07	(\$365.40)

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$983,733	\$1,320,341	\$336,608
2	OTHER MEDICAL ASSISTANCE	\$123,784	(\$158,382)	(\$282,166)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,481,898	\$1,333,604	(\$148,294)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$2,589,416	\$2,495,563	(\$93,852)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$240,127,700	\$238,485,896	(\$1,641,804)
2	TOTAL GOVERNMENT DEDUCTIONS	\$93,916,922	\$91,265,544	(\$2,651,378)
3	UNCOMPENSATED CARE	\$5,273,975	\$4,280,580	(\$993,395)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$55,956,853	\$55,231,186	(\$725,667)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$155,147,750	\$150,777,310	(\$4,370,440)
7	TOTAL ACCRUED PAYMENTS	\$84,979,950	\$87,708,586	\$2,728,636
8	UCP DSH PAYMENTS (OHCA INPUT)	\$351,378	\$0	(\$351,378)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$85,331,328	\$87,708,586	\$2,377,258
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3553581199	0.3677726334	0.0124145135
11	COST OF UNCOMPENSATED CARE	\$1,874,150	\$1,574,280	(\$299,870)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$1,483,717	\$1,702,587	\$218,870
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,357,867	\$3,276,867	(\$80,999)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.12%	41.97%	1.85%
2	MEDICARE	32.70%	32.78%	0.08%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26.33%	32.50%	6.17%
4	MEDICAID	27.63%	32.62%	4.99%
5	OTHER MEDICAL ASSISTANCE	20.41%	31.44%	11.02%
6	CHAMPUS / TRICARE	22.31%	20.13%	-2.19%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.48%	8.93%	3.45%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	31.90%	32.69%	0.79%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	34.98%	35.98%	0.99%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.22%	50.12%	0.90%
2	MEDICARE	19.28%	20.88%	1.60%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26.73%	27.07%	0.34%
4	MEDICAID	26.90%	27.10%	0.19%
5	OTHER MEDICAL ASSISTANCE	24.32%	25.93%	1.62%
6	CHAMPUS / TRICARE	24.62%	25.43%	0.81%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.48%	8.93%	3.45%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	20.34%	22.09%	1.75%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	35.56%	37.09%	1.54%

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE DESCRIPTION		ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$84,979,950	\$87,708,587	\$2,728,637
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$351,378	\$0	(\$351,378)
	OHCA DEFINED NET REVENUE	\$85,331,328	\$87,708,587	\$2,377,259
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,065,190	\$2,879,520	(\$185,670)
4	CALCULATED NET REVENUE	\$88,396,518	\$90,588,107	\$2,191,589
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$88,396,564	\$90,588,107	\$2,191,543
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$46)	\$0	\$46
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$240,127,700	\$238,485,896	(\$1,641,804)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$240,127,700	\$238,485,896	(\$1,641,804)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$240,127,700	\$238,485,898	(\$1,641,802)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$2)	(\$2)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,273,975	\$4,280,580	(\$993,395)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$386,008	\$850,055	\$464,047
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,659,983	\$5,130,635	(\$529,348)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$5,659,983	\$5,130,635	(\$529,348)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,894,322
2	MEDICARE	38,481,431
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,899,736
4	MEDICAID	4,404,387
5	OTHER MEDICAL ASSISTANCE	495,349
6	CHAMPUS / TRICARE	206,461
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	817,818
	TOTAL INPATIENT GOVERNMENT CHARGES	\$43,587,628
	TOTAL INPATIENT CHARGES	\$67,481,950
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,515,148
2	MEDICARE	63,832,303
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,380,058
4	MEDICAID	14,993,613
5	OTHER MEDICAL ASSISTANCE	386,445
6	CHAMPUS / TRICARE	276,437
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,882,484
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$79,488,798
	TOTAL OUTPATIENT CHARGES	\$171,003,946
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$115,409,470
2	TOTAL GOVERNMENT ACCRUED CHARGES	123,076,426
	TOTAL ACCRUED CHARGES	\$238,485,896
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,028,493
2	MEDICARE	12,616,044
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,592,407
4	MEDICAID	1,436,686
5	OTHER MEDICAL ASSISTANCE	155,721
6	CHAMPUS / TRICARE	41,553
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	73,029
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$14,250,004
	TOTAL INPATIENT PAYMENTS	\$24,278,497
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$45,869,212
2	MEDICARE	13,327,218
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,163,359
4	MEDICAID	4,063,148
5	OTHER MEDICAL ASSISTANCE	100,211
6	CHAMPUS / TRICARE	70,301
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	346,693
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$17,560,878
	TOTAL OUTPATIENT PAYMENTS	\$63,430,090
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$55,897,705
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	31,810,882
	TOTAL ACCRUED PAYMENTS	\$87,708,587

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,068
2	MEDICARE	1,199
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	242
4	MEDICAID	236
5	OTHER MEDICAL ASSISTANCE	6
6	CHAMPUS / TRICARE	7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	55
	TOTAL GOVERNMENT DISCHARGES	1,448
	TOTAL DISCHARGES	2,516
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.12900
2	MEDICARE	1.37390
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.87917
4	MEDICAID	0.86490
5	OTHER MEDICAL ASSISTANCE	1.44030
6	CHAMPUS / TRICARE	1.15860
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00877
	TOTAL GOVERNMENT CASE MIX INDEX	1.29018
	TOTAL CASE MIX INDEX	1.22176
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$110,709,168
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$55,477,982
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$55,231,186
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.89%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$1,734,591
9	BAD DEBTS	\$2,545,989
10	TOTAL UNCOMPENSATED CARE	\$4,280,580
11	TOTAL OTHER OPERATING REVENUE	\$3,223,427
12	TOTAL OPERATING EXPENSES	\$93,915,766

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$87,708,587
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$87,708,587
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,879,520
	CALCULATED NET REVENUE	\$90,588,107
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$90,588,107
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$238,485,896
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$238,485,896
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$238,485,898
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,280,580
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$850,055
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,130,635
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$5,130,635
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	238	114	(124)	-52%
2	Number of Approved Applicants	218	110	(108)	-50%
3	Total Charges (A)	\$2,208,785	\$1,734,591	(\$474,194)	-21%
4	Average Charges	\$10,132	\$15,769	\$5,637	56%
5	Ratio of Cost to Charges (RCC)	0.421279	0.376777	(0.044502)	-11%
6	Total Cost	\$930,515	\$653,554	(\$276,961)	-30%
7	Average Cost	\$4,268	\$5,941	\$1,673	39%
8	Charity Care - Inpatient Charges	\$570,582	\$316,633	(\$253,949)	-45%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,306,699	1,168,282	(138,417)	-11%
10	Charity Care - Emergency Department Charges	331,504	249,676	(81,828)	-25%
11	Total Charges (A)	\$2,208,785	\$1,734,591	(\$474,194)	-21%
12	Charity Care - Number of Patient Days	115	204	89	77%
13	Charity Care - Number of Discharges	39	64	25	64%
14	Charity Care - Number of Outpatient ED Visits	293	414	121	41%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	472	917	445	94%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$896,929	\$720,413	(\$176,516)	-20%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	2,083,090	1,741,296	(341,794)	-16%
3	Bad Debts - Emergency Department	85,171	84,280	(891)	-1%
4	Total Bad Debts (A)	\$3,065,190	\$2,545,989	(\$519,201)	-17%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$2,208,785	\$1,734,591	(\$474,194)	-21%
2	Bad Debts (A)	3,065,190	2,545,989	(519,201)	-17%
3	Total Uncompensated Care (A)	\$5,273,975	\$4,280,580	(\$993,395)	-19%
4	Uncompensated Care - Inpatient Services	\$1,467,511	\$1,037,046	(\$430,465)	-29%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	3,389,789	2,909,578	(480,211)	-14%
6	Uncompensated Care - Emergency Department	416,675	333,956	(82,719)	-20%
7	Total Uncompensated Care (A)	\$5,273,975	\$4,280,580	(\$993,395)	-19%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2010	(4) FY 2011	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$110,847,139	\$110,709,168	(\$137,971)	0%
2	Total Contractual Allowances	\$55,956,853	\$55,231,186	(\$725,667)	-1%
	Total Accrued Payments (A)	\$54,890,286	\$55,477,982	\$587,696	1%
	Total Discount Percentage	50.48%	49.89%	-0.59%	-1%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$73,007,025	\$70,265,597	\$67,481,950
2	Outpatient Gross Revenue	\$157,824,683	\$169,862,103	\$171,003,946
3	Total Gross Patient Revenue	\$230,831,708	\$240,127,700	\$238,485,896
4	Net Patient Revenue	\$89,326,362	\$88,045,146	\$90,588,107
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$98,752,754	\$91,802,230	\$93,915,766
C. <u>Utilization Statistics</u>				
1	Patient Days	9,874	9,382	9,347
2	Discharges	2,774	2,512	2,516
3	Average Length of Stay	3.6	3.7	3.7
4	Equivalent (Adjusted) Patient Days (EPD)	31,219	32,062	33,033
0	Equivalent (Adjusted) Discharges (ED)	8,771	8,585	8,892
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.29823	1.30547	1.22176
2	Case Mix Adjusted Patient Days (CMAPD)	12,819	12,248	11,420
3	Case Mix Adjusted Discharges (CMAD)	3,601	3,279	3,074
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	40,530	41,856	40,358
5	Case Mix Adjusted Equivalent Discharges (CMAED)	11,387	11,207	10,864
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$23,378	\$25,595	\$25,515
2	Total Gross Revenue per Discharge	\$83,213	\$95,592	\$94,788
3	Total Gross Revenue per EPD	\$7,394	\$7,489	\$7,220
4	Total Gross Revenue per ED	\$26,318	\$27,972	\$26,821
5	Total Gross Revenue per CMAEPD	\$5,695	\$5,737	\$5,909
6	Total Gross Revenue per CMAED	\$20,272	\$21,427	\$21,953
7	Inpatient Gross Revenue per EPD	\$2,339	\$2,192	\$2,043
8	Inpatient Gross Revenue per ED	\$8,324	\$8,185	\$7,589

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$9,047	\$9,384	\$9,692
2	Net Patient Revenue per Discharge	\$32,201	\$35,050	\$36,005
3	Net Patient Revenue per EPD	\$2,861	\$2,746	\$2,742
4	Net Patient Revenue per ED	\$10,185	\$10,256	\$10,188
5	Net Patient Revenue per CMAEPD	\$2,204	\$2,104	\$2,245
6	Net Patient Revenue per CMAED	\$7,845	\$7,856	\$8,339
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$10,001	\$9,785	\$10,048
2	Total Operating Expense per Discharge	\$35,599	\$36,545	\$37,327
3	Total Operating Expense per EPD	\$3,163	\$2,863	\$2,843
4	Total Operating Expense per ED	\$11,259	\$10,694	\$10,562
5	Total Operating Expense per CMAEPD	\$2,437	\$2,193	\$2,327
6	Total Operating Expense per CMAED	\$8,673	\$8,192	\$8,645
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$13,297,685	\$12,548,614	\$12,450,131
2	Nursing Fringe Benefits Expense	\$4,423,223	\$3,896,996	\$4,295,295
3	Total Nursing Salary and Fringe Benefits Expense	\$17,720,908	\$16,445,610	\$16,745,426
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$5,922,680	\$5,959,747	\$5,155,740
2	Physician Fringe Benefits Expense	\$1,970,068	\$1,850,811	\$1,778,730
3	Total Physician Salary and Fringe Benefits Expense	\$7,892,748	\$7,810,558	\$6,934,470
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$20,701,766	\$19,144,523	\$21,255,462
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$6,886,051	\$5,945,367	\$7,317,723
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$27,587,817	\$25,089,890	\$28,573,185
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$39,922,131	\$37,652,884	\$38,861,333
2	Total Fringe Benefits Expense	\$13,279,342	\$11,693,174	\$13,391,748
3	Total Salary and Fringe Benefits Expense	\$53,201,473	\$49,346,058	\$52,253,081

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	154.5	145.8	137.2
2	Total Physician FTEs	24.4	24.2	19.0
3	Total Non-Nursing, Non-Physician FTEs	309.9	305.5	305.4
4	Total Full Time Equivalent Employees (FTEs)	488.8	475.5	461.6
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$86,069	\$86,067	\$90,744
2	Nursing Fringe Benefits Expense per FTE	\$28,629	\$26,728	\$31,307
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$114,698	\$112,796	\$122,051
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$242,733	\$246,271	\$271,355
2	Physician Fringe Benefits Expense per FTE	\$80,740	\$76,480	\$93,617
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$323,473	\$322,750	\$364,972
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$66,801	\$62,666	\$69,599
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$22,220	\$19,461	\$23,961
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$89,022	\$82,127	\$93,560
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$81,674	\$79,186	\$84,188
2	Total Fringe Benefits Expense per FTE	\$27,167	\$24,591	\$29,012
3	Total Salary and Fringe Benefits Expense per FTE	\$108,841	\$103,777	\$113,200
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$5,388	\$5,260	\$5,590
2	Total Salary and Fringe Benefits Expense per Discharge	\$19,179	\$19,644	\$20,768
3	Total Salary and Fringe Benefits Expense per EPD	\$1,704	\$1,539	\$1,582
4	Total Salary and Fringe Benefits Expense per ED	\$6,066	\$5,748	\$5,877
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,313	\$1,179	\$1,295
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,672	\$4,403	\$4,810